

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL032073

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING: _____

(X3) DATE SURVEY
COMPLETED

R
08/07/2015

NAME OF PROVIDER OR SUPPLIER

EDEN SPRING LIVING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

3812 BOOKER STREET
DURHAM, NC 27713

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETE
DATE

(C 000) Initial Comments

This report is of a Followup Survey done by Bob Getchell and Frank Strickland on August 7, 2015.

The followup survey revealed that all deficiencies were not corrected, therefore a new plan of correction is required.

(C 000)

(C 101) Existing Licensed Fac- No less than '71 Rules

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0301 APPLICATION OF
PHYSICAL PLANT REQUIREMENTS
The physical plant requirements for each adult care home shall be applied as follows:
(2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;

This Rule is not met as evidenced by:
1. Based on observation, the building fire protection equipment was not installed in accordance with the 1971 minimum Rules. This would affect all residents if the fire alarm system did not detect fire and activate the alarm.

Findings on 8-7-15:

b. At the right end of the facility on the exterior porch there is a small storage room that has no

(C 101)

CONSTRUCTION SECTION

SEP 02 2015

RECEIVED

C101

Heat Detector was added to the small storage room. Tested with Central. Monthly fire alarm check will be conducted.

8/31/15

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jackson Odonali

TITLE

ADMINISTRATOR

(X6) DATE

9/1/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/07/2015
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NAME OF PROVIDER OR SUPPLIER EDEN SPRING LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3812 BOOKER STREET DURHAM, NC 27713
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C 101)	Continued From page 1 detection connected to the fire alarm system.	(C 101)		
(C 189)	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 2. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. Findings on 8-7-15 a) The wire glass in the Med Room window was broken out and must be replaced with a similar fire-rated material, acceptable to the local building official, which will maintain the required 1hr fire-resistance rating of the corridor.	(C 189)	<u>C189</u> Window is sealed Two 5/8" Gypsum boards have been installed, one on the inside and one on hallway side to seal the opening. Monthly walk through by administrator to evaluate maintenance situations will be conducted.	8/27/15